

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15170

1. PLACE OF DEATH

County Jefferson Registration District No. 653
Township Shelby Primary Registration District No. 5865
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 38

2. FULL NAME

N. S. Bush
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Bush</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>year 1876</u>		
7. AGE	YEARS <u>55</u>	MONTHS —
	DAYS —	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pemiscot Co Mo.</u>		
FATHER	13. NAME <u>A. J. Bush</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Lucy Bush</u> (ADDRESS) <u>1411 S. High St. No.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dry Bayou</u> DATE <u>May 1 1931</u>		
19. UNDERTAKER <u>W. H. Herber</u> (ADDRESS) <u>High St. No.</u>		
20. FILED <u>4/30/31</u> <u>J. J. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1931

22. I HEREBY CERTIFY, That I attended deceased from April 28 1931 to April 30 1931.
I last saw him alive on April 30 1931. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Organic Heart Disease
No diagnosis made
95100
Other contributory causes of importance:
None
Name of operation _____ Date of _____
What test confirmed diagnosis? Sp. test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. R. Lambaugh, M. D.
(Address) High St. No.

Date of onset -
1-1-31

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

